



King County

Family and Medical Leave Act (FMLA) ♦ King County Family and Medical Leave (KCFML)

# Medical Certification

Office Use Only

Date Received

**FMLA/KCFML medical certification is confidential.** Access to the information is restricted to personnel designated by the leave requester's department, and the form is maintained in a secure file apart from the location of the leave requester's personnel file, per department guidelines.

- **Leave Requester:** Please attach copy of your Leave Request Form, complete this section and submit to physician or licensed practitioner to complete remainder. When you receive completed form, submit to your leave-granting authority.

Employee \_\_\_\_\_ Contact Phone (\_\_\_\_\_) \_\_\_\_\_

Patient (if different) \_\_\_\_\_ Relation to Employee \_\_\_\_\_

Form Return Address \_\_\_\_\_

- **Physician or Licensed Practitioner:** Please complete this section, attaching additional sheets if necessary. Return to address provided by leave requester. **For more information, see the back of this form and the Leave Request Form.**

Check category of patient's health condition, as defined on back of this form:

Estimated date condition:

- ☐ Non-serious                      ☐ Chronic condition requiring treatments  
☐ Hospital/inpatient care       ☐ Permanent/long-term condition requiring supervision  
☐ Absence plus treatment       ☐ Multiple treatment (non-chronic condition)  
☐ Pregnancy

Began \_\_\_\_\_

Will End \_\_\_\_\_

**Without giving your medical diagnosis,** explain why you checked the box above -- describe condition and symptoms:

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**If patient is the employee,** describe treatment, including descriptions of physical therapy/other regimens; estimated number, duration and time frame of treatment sessions; recovery periods after treatments; other providers involved; etc.:

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Give medical reasons for whether employee is able to work reduced or intermittent schedule or not at all; job duties that might be performed; accommodations needed; etc. -- describe employee's fitness for work and recommended work schedule:

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**If patient is employee's family member,** check the patient needs for which the employee must provide assistance:

- ☐ Basic Medical                      ☐ Personal                      ☐ Transportation                      ☐ Safety                      ☐ Psychological Comfort

Describe assistance employee will provide (how long and whether full-time, part-time, intermittent, etc.):

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*I am treating the patient described above and certify the information I have provided is true.*

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Printed Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

Type of Practice \_\_\_\_\_

## **Non-Serious Health Conditions**

The following ailments are generally not a serious health condition:

- Common cold
- Flu
- Earaches
- Headaches other than migraines
- Minor ulcers
- Periodontal disease
- Routine dental-orthodontia problems
- Stress or allergies (however, mental illness resulting from stress or allergies may qualify).

## **Serious Health Conditions**

A serious health condition means an illness, injury, impairment, or physical or mental condition involving one of the following.

### **Hospital Care**

Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such care.

### **Absence Plus Treatment**

A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition) that also involves:

- Treatment two or more times by a health care provider, by a nurse or physician's assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or on referral by, a health care provider; treatment includes examination to determine if a serious health condition exists and evaluation of the condition, but does not include routine physical examinations, eye examinations or dental examinations; or
- Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider; a regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition, but does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves, bed-rest, drinking fluids, exercise or other similar activities that can be initiated without a visit to a health care provider.

### **Pregnancy**

Any period of incapacity due to pregnancy, or for prenatal care. (An employee may also take non-FMLA leave/KCFML for pregnancy under state law and should discuss this option with her supervisor or personnel representative.)

### **Chronic Condition Requiring Treatments**

A chronic condition that:

- Requires periodic visits for treatment by a health care provider, or by a nurse or physician's assistant under the direct supervision of a health care provider.
- Continues over an extended period of time (including recurring episodes of a single underlying condition) and
- May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).

### **Permanent/Long-Term Condition Requiring Supervision**

A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer's, a severe stroke, or the terminal states of a disease.

### **Multiple Treatment (Non-Chronic Conditions)**

Any period of absence to receive multiple treatments (including any period of recovery) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity or more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy) and kidney disease (dialysis).